

2. Education

A. What is the highest grade you have completed? _____

B. Do you enjoy learning? YES NO

C. List any specific areas of training you have had _____

D. What are your future educational goals? _____

3. Employment History

A. What is or was your most current employment status (place, position)? _____

B. How long have you been or were you employed there? _____

C. Can you return? (Please circle one) YES NO NOT SURE

D. List the last 5 jobs you have had, length of time, and reason for change.

1. _____

2. _____

3. _____

4. _____

5. _____

G. What types of work do you enjoy doing? _____

4. Criminal Justice History

A. Incarceration History

Date _____ Charges _____ Sentence _____ Probation _____

Date _____ Charges _____ Sentence _____ Probation _____

Date _____ Charges _____ Sentence _____ Probation _____

Date _____ Charges _____ Sentence _____ Probation _____

E. Do you come under Megan's Law as a sex offender? YES NO

C. Do you have any legal issues pending? YES NO

Explain: _____

D. County Probation YES NO State Parole YES NO

Probation/Parole Officer: Name _____

Office Location _____ Phone Number _____

5. Spiritual

A. Have you accepted Jesus Christ as your personal Lord and savior? YES NO

B. Most recent church attended: _____

C. Present Chaplain/Pastor's Name: _____ Phone: _____

D. Do you have a spiritual mentor? YES NO

Name: _____ Phone: _____

6. Medical History

A. List any current or serious illnesses you may have had in the past.

B. What medications are you taking currently? (will take at Potter's House)

Name	Dose	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. What is the name of your Physician? _____

Address _____ Phone # _____

7. Sobriety

A. Have you recently struggled with any of the following addictions? (Circle all that apply)

- | | | | |
|-----------|---------------|--------------|--------------------------|
| Heroin | Cocaine/Crack | Alcohol | Prescription Medications |
| Inhalants | Marijuana | Pornography | Gambling |
| Ecstasy | Smoking | Other: _____ | |

B. Are you now clean and sober? YES NO If so how long? _____

C. Do you attend AA or NA YES NO

D. If you smoke are you interested in quitting? YES NO

NOTE: Potter's House of Ruth has a non-smoking policy and if you are interested in quitting, we will provide the necessary assistance and counseling.

E. Are you currently receiving treatment for any substance abuse? YES NO

If yes, describe : _____

F. List all recovery, rehab programs, or ministries that you have participated in.

Name: _____ Date _____ Did you complete YES NO

Name: _____ Date _____ Did you complete YES NO

Name: _____ Date _____ Did you complete YES NO

Name: _____ Date _____ Did you complete YES NO

G. Do you have medical insurance? YES NO If yes,

Name of Insurance Company _____ Policy # _____

H. Emergency Contact :

Name _____ Relationship _____

Address _____ Phone # _____

8. Family History

A. Father's Name _____

Occupation _____ Phone _____

B. Mother's Name _____

Occupation _____ Phone _____

C. Describe your relationship with your parents and any changes you believe should happen in the relationship _____

D. Describe briefly any history of addictions in your family? _____

9. General Information

A. Why do you want to live at The Potter's House? (Circle all that apply)

- 1. I need a place to live
- 2. I can't go home anymore
- 3. I need accountability and learn how to live in my community.
- 4. I need a home plan.
- 5. I need more structure in my life
- 6. Other (please explain)

B. What are the goals you want to accomplish while at The Potter's House of Ruth?

C. How do you see The Potter's House of Ruth helping you accomplish these goals?

D. Explain how willing you are to respect others and the authority that is willing to help you with growth areas in your life while at The Potter's House of Ruth

E. Date of desired entry _____

F. Name of person referring you to The Potter's House of Ruth or how did you find out about The Potter's House of Ruth

G. Write a 1-2-page summary of your life to introduce yourself based on your past experiences in life, present status, and future plans. Include a brief statement of your personal salvation experience or why you are interested in a Christ-centered program. (Page is attached for your summary)



The Potter's House of Ruth

ADDICTION RECOVERY & DISCIPLESHIP MINISTRY

I agree that the information I have included in this application is as accurate as possible and release it to Potter's House of Ruth for assistance in consideration for residency and as a resource to support a successful experience while at the House of Ruth. I understand that House of Ruth is not a short-term transitional program and that it can take between 8-12 months to complete the program.

I agree to release Potter's House of Ruth to contact individuals named in this application for further reference information.

Sign _____ Date _____

Witness _____ Date _____

Witness Address _____ Phone _____

Note:

Violent or Sexual Offenders

· The structure and system in place at Potter's House of Ruth does not allow for Violent Offenders and/or Sexual Offenders to be accepted for residence at Potter's House for Ruth. For admission purposes a violent offender is defined as anyone with a documented history or pattern of behavior that includes aggressive and/or violent behavior or threats directed at others that has resulted in bodily injury or harm.

Children

· Potter's House of Ruth is a residential setting for women and is not structured for children to live at the residence. Children of residents are allowed to stay at the House of Ruth for approved and scheduled visits.

Summary of Life: